



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Medicaid Enrolled Hospitals

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 4/16/2014

SUBJECT: Update to Hospital Presumptive Eligibility — Effective April 28, 2014

The purpose of this memorandum is to inform providers that Plan First, Medicaid's limited benefit family planning program, will be available under the Hospital Presumptive Eligibility (HPE) process for all participating Virginia-Medicaid hospital providers, effective April 28, 2014. Plan First is a Medicaid program that pays for birth control and family planning services for women and men with income under 100% of the Federal Poverty Level who are not eligible for a full Medicaid or FAMIS covered group. Plan First is a limited coverage program and not considered full coverage Medicaid. This memorandum also provides clarification for HPE policy and requirements as well as additional training opportunities.

BACKGROUND

Under the Affordable Care Act (ACA), qualified hospitals have the opportunity to determine presumptive eligibility for certain Medicaid eligible groups, as of January 1, 2014. A qualified hospital is a hospital that:

- Participates as a Medicaid provider,
- Notifies DMAS of its election to make HPE determinations via the Virginia Qualified Entity Agreement for Hospital Presumptive Eligibility,
- Allows only direct hospital employees to make HPE determinations, and
- Agrees to make those determinations consistent with DMAS policies and procedures.

Qualified Hospitals' direct employees are able to temporarily enroll individuals in Medicaid, which ensures compensation for Medicaid covered services and provide patients access to medical care as well as a pathway to ongoing Medicaid coverage.

The Virginia Qualified Entity Agreement for Hospital Presumptive Eligibility is located at: http://dmasva.dmas.virginia.gov/Content_atchs/pr/pr-om2.pdf. The completed agreement may be sent to the Maternal and Child Health Division at DMAS:

Mail: MCH/DMAS 600 East Broad Street, Richmond, Virginia, 23219
Email: HPE@dmas.virginia.gov
Fax: 804-612-0043

HOSPITAL PRESUMPTIVE ELIGIBILITY COVERAGE

Eligible groups in Virginia that will receive full Medicaid benefits during a limited HPE period include:

- Low-Income Families with Children (parent and caretaker relatives);
- Children Under age 19;
- Former Virginia Foster Care participants up to age 26;
- Every Woman's Life (EWL) program for breast and cervical cancer prevention and screening (for EWL providers only. More information on EWL visit: www.vdh.virginia.gov).

Eligible groups in Virginia that will receive limited Medicaid benefits during a limited HPE period include:

- Pregnant Women – must be pregnant at time of HPE determination and limited to ambulatory/outpatient prenatal care service only; and
- Effective April 28, 2014, Plan First – limited to coverage of birth control and family planning services for women and men between the ages of 19 and 64.

All HPE covered services will be provided through DMAS' fee-for-service delivery system.

Transportation to receive covered services is available to all covered groups if they have no other means of transportation available. The transportation service is managed and operated by the DMAS contracted transportation broker, LogistiCare.

HOSPITAL PRESUMPTIVE ELIGIBILITY PERIOD LIMITS

- Pregnant women are limited to one HPE period per pregnancy.
- All other individuals are limited to one HPE period per calendar year.

CLARIFICATION OF QUALIFIED ENTITY FOR HOSPITAL PRESUMPTIVE ELIGIBILITY

At this time, only trained hospital employees may determine presumptive eligibility. The Centers for Medicare and Medicaid Services (CMS) has not approved third party contractors to conduct HPE determinations. Hospital employees are responsible for making the determination for HPE, informing enrollees about the program and length/scope of coverage, as well as providing direction as to how to file an application for ongoing Medicaid beyond the presumptive eligibility period.

CMS posted a Frequently Asked Questions document which reiterated that hospitals cannot delegate the authority to determine presumptive eligibility to another entity, but does permit hospitals to use third party contractors to provide support in administering presumptive eligibility. While the hospital remains the responsible entity for completing the actual HPE determination, third party contractors may conduct outreach activities regarding HPE, staff welcome desks, or assist individuals to complete and submit the full Medicaid application for ongoing Medicaid coverage beyond the HPE period. To review the CMS Frequently Asked Questions for HPE, please visit:

<http://www.medicaid.gov/State-Resource-Center/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-Implementation/Downloads/FAQs-by-Topic-Hospital-PE-01-23-14.pdf>.

Please note that DMAS is awaiting further direction from the CMS and may have changes or additions to the information presented.

WEB-BASED TRAININGS

Hospital staff making the HPE determinations must participate in the web-based trainings provided by DMAS. These trainings will provide guidelines as to determination and application procedures and will outline HPE performance expectations.

The initial recorded training webinar is available on the DMAS website at <https://dmas.webex.com/dmas/k2/e.php?AT=RINF&recordingID=24708632>, select Recorded Sessions and “Hospital Presumptive Eligibility and Deemed Newborn Enrollment”.

DMAS is offering a second recorded webinar to review updates and clarifications to the HPE process since the implementation of the program in January. This webinar is available on the DMAS website at <https://dmas.webex.com/dmas/k2/e.php?AT=RINF&recordingID=24708632>, select Recorded Sessions and “Hospital Presumptive Eligibility Updates”.

CONTACT

For more information about Hospital Presumptive Eligibility, please email HPE@dmas.virginia.gov.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department’s contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO’s Provider Portal at <http://dmas.kepro.com>.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.